

AUSTRALIAN



LABORATORY 3427-18703 Referred: 21/07/21  
 UNIT 104/14 LEXINGTON D Collected: 22/07/21 12:40  
 BELLA VISTA Tested: 22/07/21  
 Tel:1300 134 111 Printed: 07/09/21 18:14  
 Batch: 12082 1

MR EMMETT, MATTHEW	UR :	DR RACHAEL RODGERS
6 WATKINS ROAD	Ref :	FERTILITY SPECIALIST SYDNEY/B
AVALON 2107	Lab No:21-51555514-I	SE 1204, LVL 12, 135-137 MACQ
DOB: 20/03/1991 (30 Y)	Sex :Male	SYDNEY 2000
Ph: 0414194286		

Clinical Notes: fertility assessment

**TEST NAME: KARYOTYPE STUDIES**

This test was performed by:  
 Children's Hospital at Westmead,  
 Level 2, Diagnostic building  
 Cnr Hawkesbury & Hamsworth Rd. WESTMEAD NSW 2145  
 Ph: (02)9845 3276 Fax: (02) 9845 3332

Test was referred on 23/07/21

Our records show a hard copy of this report has been dispatched to the surgery

PATHOLOGY REPORT

PATHOLOGY REPORT

ACLF000016 12/15

KAR-R, HCR-R, TRP-R, IS-R, HEP-R, FBE-R, HIV-R, HBE-R

CC Drs: PATIENT COPY:.

MR EMMETT, MATTHEW

KARYOTYPE STUDIES

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All Tests Complete

SURGERY USE: ☐ NORMAL ☐ NO ACTION ☐ CONTACT PATIENT ☐ SEE PATIENT ☐ FURTHER TESTS ☐

the  
children's  
hospital at Westmead



attn. Dr. RODGERS, RACHAEL  
Australian Clinical Laboratories NSW  
Unit 108 14 Lexington Drive  
BELLA VISTA NSW 2153

Corner Hawkesbury Road & Hainsworth Street  
Locked Bag 4001 Westmead  
Sydney NSW 2145 Australia  
Telephone (02)9845 3237 Facsimile (02)9845 3238

**MRN: 50195349**

**EMMETT, Matthew**

6 Watkins Rd  
AVALON BEACH NSW 2107  
DOB: 20/03/1991 Sex: Male  
Client MRN: NA  
Accession No: **CG-21-06789**

## Cytogenetics

### Cytogenetics Final Report

**Accession #:** CG-21-06789

Collection date: 22/07/2021 12:40

Received date: 23/07/2021 15:12

**Specimen type:** Blood

**External Reference:** 21-51555514

**Clinical indication:** Fertility assessment

**Test Requested:** Cytogenetic analysis referred for "Karyotype"

Preparation: PHA stimulated lymphocyte culture.

Banding: G Banding.

Resolution: 400-550bphs

**Cells analysed:** 5      **Cells counted:** 0      **Cells scored:** 0      **Total cells:** 5

**Karyotype Result:** 46,XY

#### Conclusion:

A 46,XY male karyotype with no cytogenetic abnormality.

Electronically signed by Praveen Sharma, MSc, MHGSA (Cytogenetics)  
verified 26.08.21

**Limitation:** This karyotype test has been performed to exclude a structural chromosome rearrangement at the above stated G-band resolution. Smaller chromosome abnormalities <5-10Mb genomic content may go undetected. It has limited detection for mosaicism and does not detect triparental disomy, DNA sequence variants or triplet repeat disorders. This result is reported and verified by Mr P Sharma MSc, MHGSA (Senior Scientist, Cytogenetics Dept, CHW), under authorisation of Mr D Wright (Head of Dept, Cytogenetics, CHW).

Mr Dale Wright  
Head of Department  
Enquiries +61 2 98453237

Mr Luke St Heaps  
Deputy Head of Department

Dr Anja Ravine  
Genetic Pathologist  
Provider Number 035083EL

**RCPA**



NATA/RCPA Accredited Laboratory: 2254

Accredited for compliance with NPAAC Standards and ISO 15189

Printed: 26/08/2021 14:10

Report ID: 41133360

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All data contained in this report is performed within the SCHN eMR and constitute part of the medical record in accordance with NSW Health policy.